

Name
in
Full

Eliza Jane Ambe

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month May	Day 24	Years 75	Months	Days
Sex	Female	Color or Race	Negro		Birth-place 8th dist. in. Colle	
Occupation	Housewife		Where Residing If not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Levin Ambe		
Father's Name	Jos Richardson		Father's Birthplace Dor Co. Ind			
Mother's Maiden Name	Effie White		Mother's Birthplace " "			
Name of person giving information	Ler. Ambe		How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Unknown

How long

—

Immediate

Fell dead

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

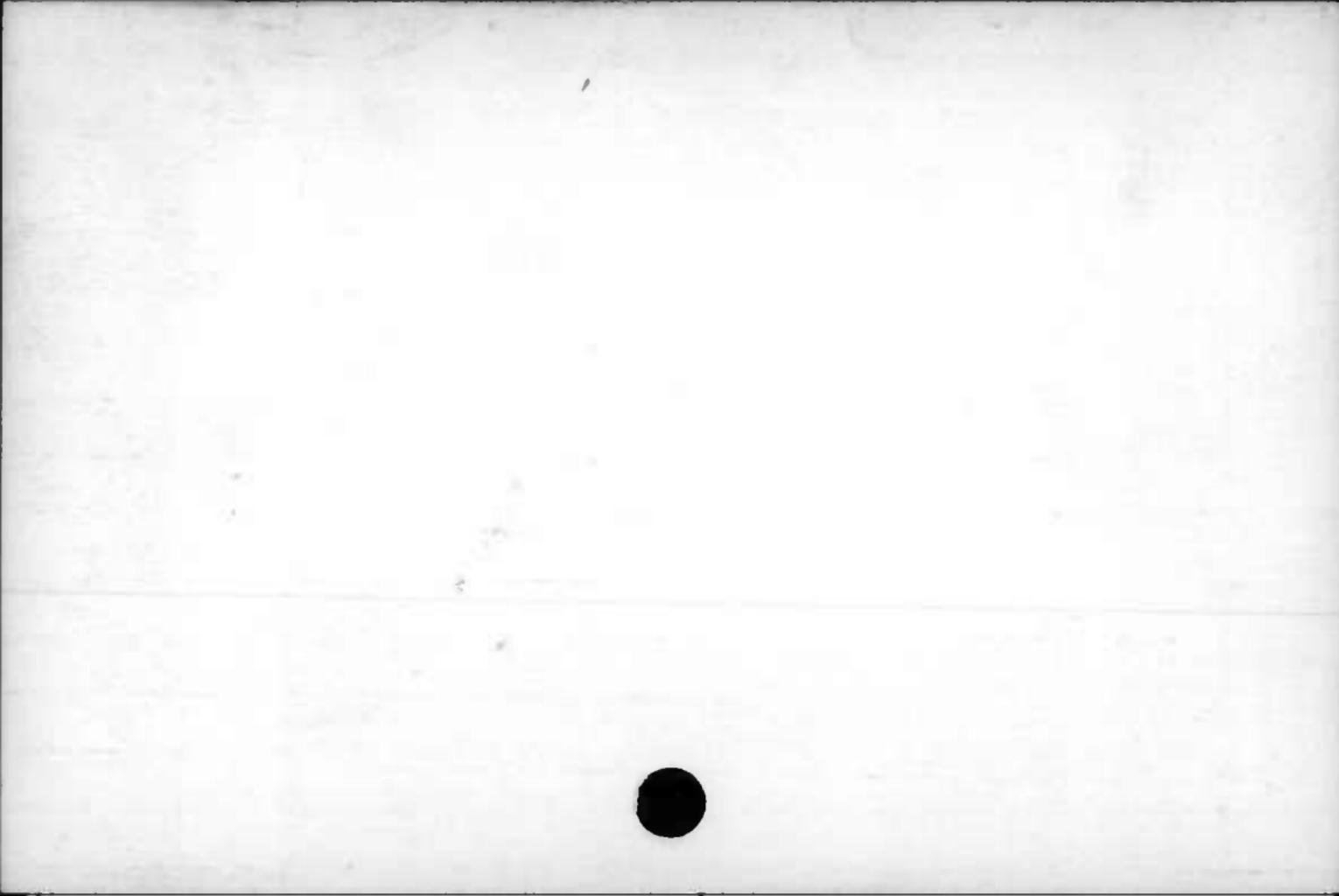
Signature of Physician

S A Stokes M.D.

Address

R #6 # 5 Cambridge
Md

Accident or Suicide?



Name
in
Full

Thomas J. Anderson

CERTIFICATE OF DEATH

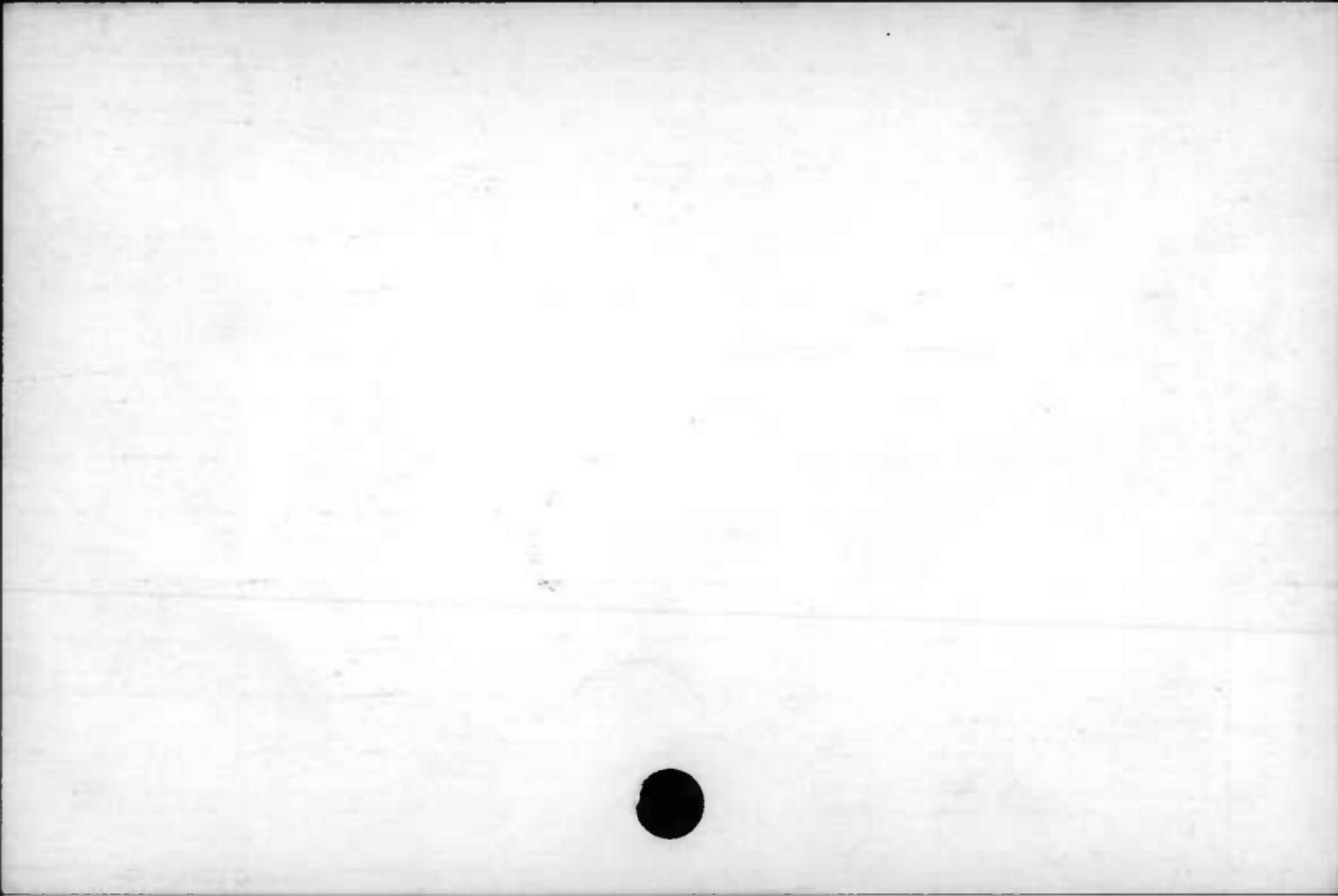
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Galesville</u>		County <u>Montgomery</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>27</u>	Age <u>51</u>	Years	Months <u>2</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Md</u>		
Occupation <u>Tanner</u>	Where Residing If not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband					
Father's Name <u>Byche Anderson</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Sarah Argan</u>	Mother's Birthplace <u>Md</u>					
Name of person giving Information <u>Oliver Anderson</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis of Lungs</u>	How long <u>one year</u>
Immediate <u>Exhaustion</u>	How long <u>one year</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. A. Jones</u>
	Address <u>Clay St. Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Beckwiths

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge		Town	County Worcester		MARYLAND	
Date of death	1907	Month May	Day 5	Years —	Months —	Days 5 hours
Sex Female	Color or Race white	Birth-place Wor. Co. Md.				
Occupation —	Where Residing if not at place of death —					
Married, Single or Widowed —	Name of Wife or Husband —					
Father's Name —	Father's Birthplace					
Mother's Maiden Name Mary Beckwith	Mother's Birthplace Wor. Co. Md.					
Name of person giving Information Mary Beckwith	How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Ingestion

How long

5 hours

Immediate

How long

—

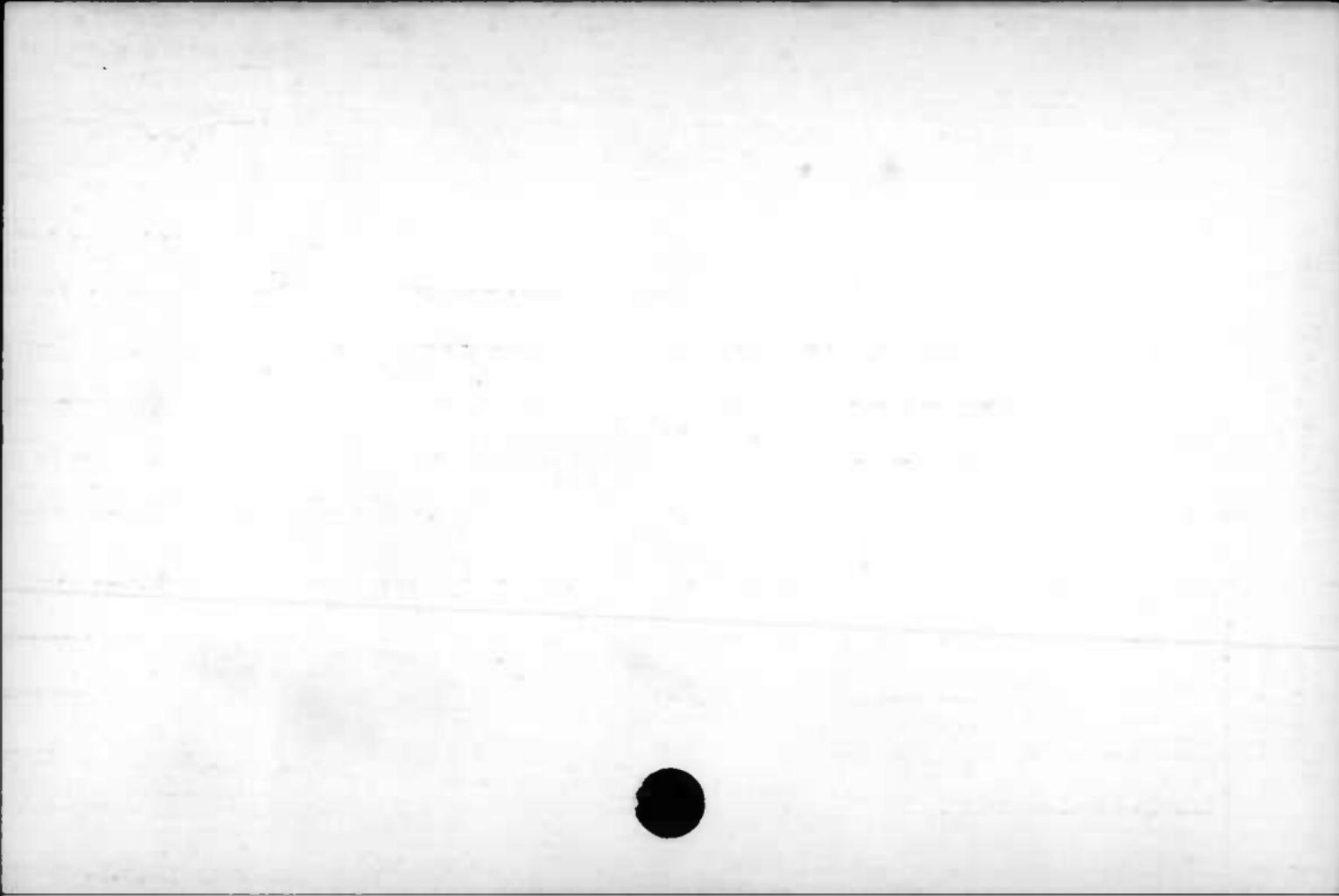
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

King Street
Cambridge Md.

Accident or Suicide?



Name
in
Full

Emma E. Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1903	5	14	31	—	27	
Sex	Female	Color or Race	White	Birth-place	Md.	
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Wm. G. Davis			
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information	Wm. G. Davis			How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Bright's Disease - Paroxysmica	How long
Immediate	Heart Failure	How long

Are the name, age, sex, color, date and place correctly given above?

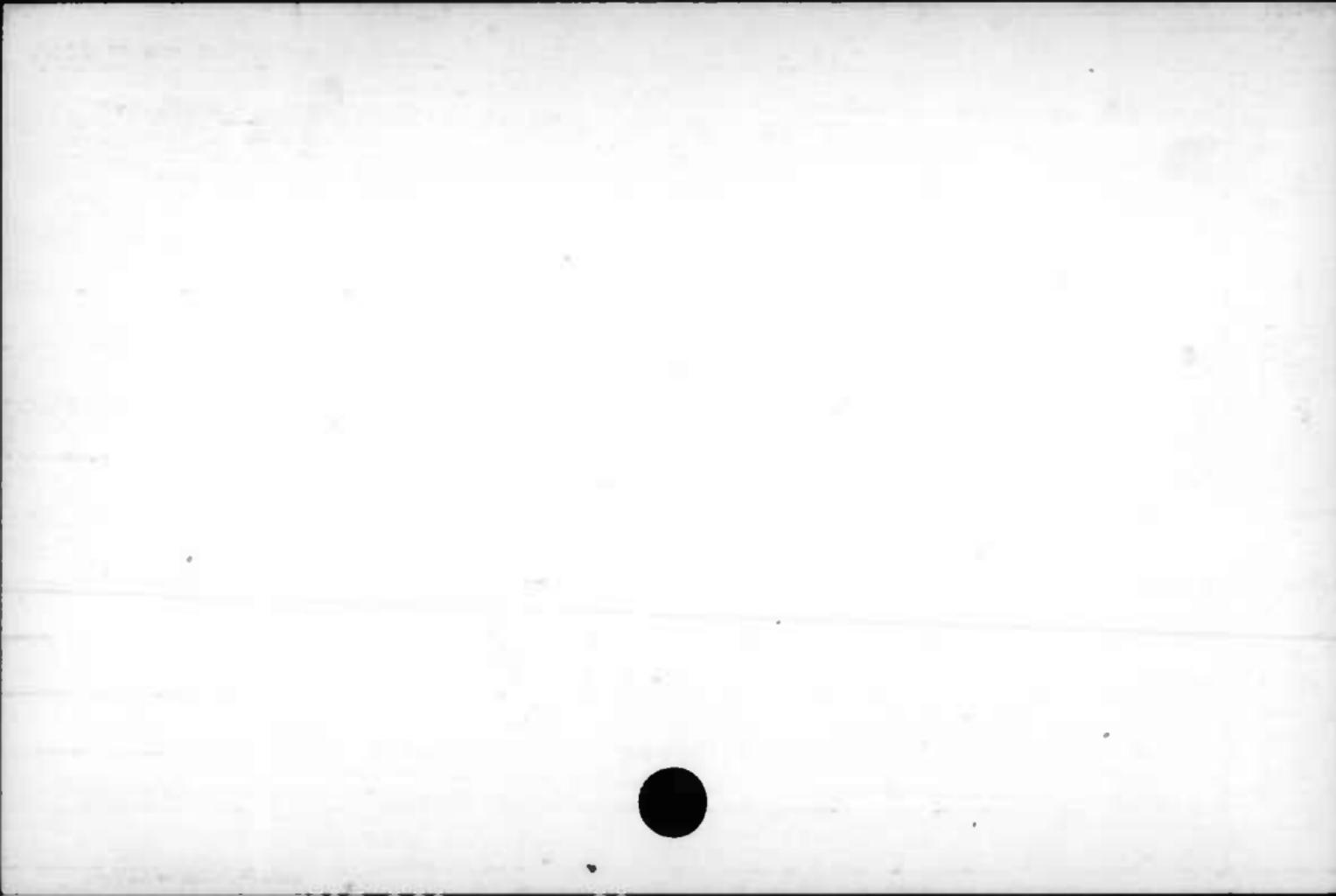
yes

Signature of Physician

E. Wolff
Cambridge, Md

Address

Accident or Suicide?



Name
in
Full

William Theodore Davis

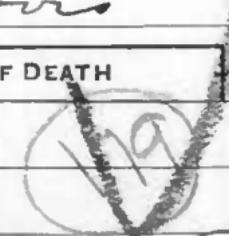
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>5</u>	Day <u>4</u>	Age <u>Years</u>	Months	Hours <u>8 hours</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Cured</u>	Where Residing if not at place of death <u>✓</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Wm. T. Davis</u>	Father's Birthplace <u>Balt. Md.</u>				
Mother's Maiden Name <u>Emane E. Smith</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Wm. T. Davis</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary  How long

Immediate  How long

Are the name, age, sex, color, date and place correctly given above?

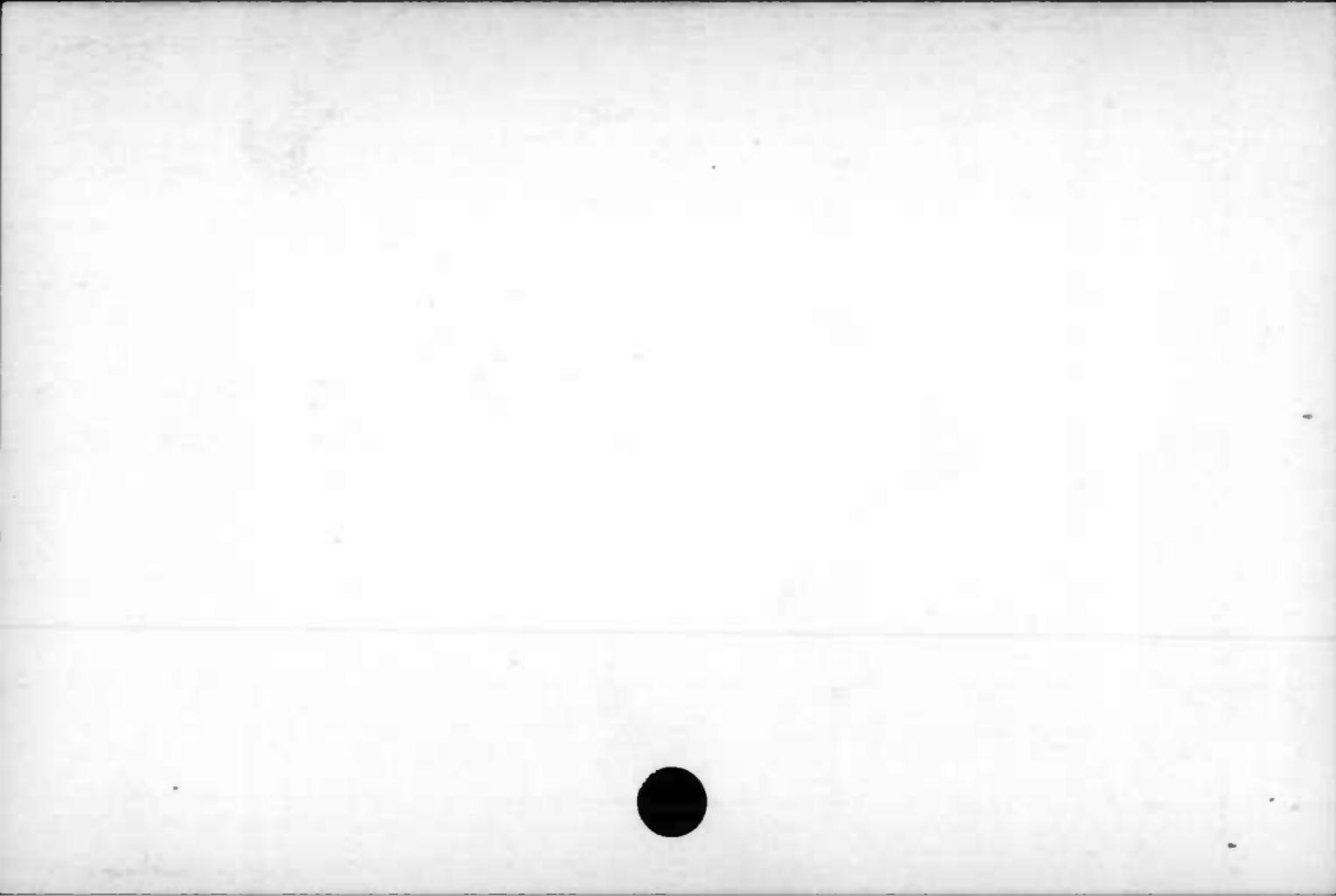
Yes

Signature of Physician

E. E. Wolff.

Address

Accident or Suicide?



Name
in
Full

James Elliott

CERTIFICATE OF DEATH

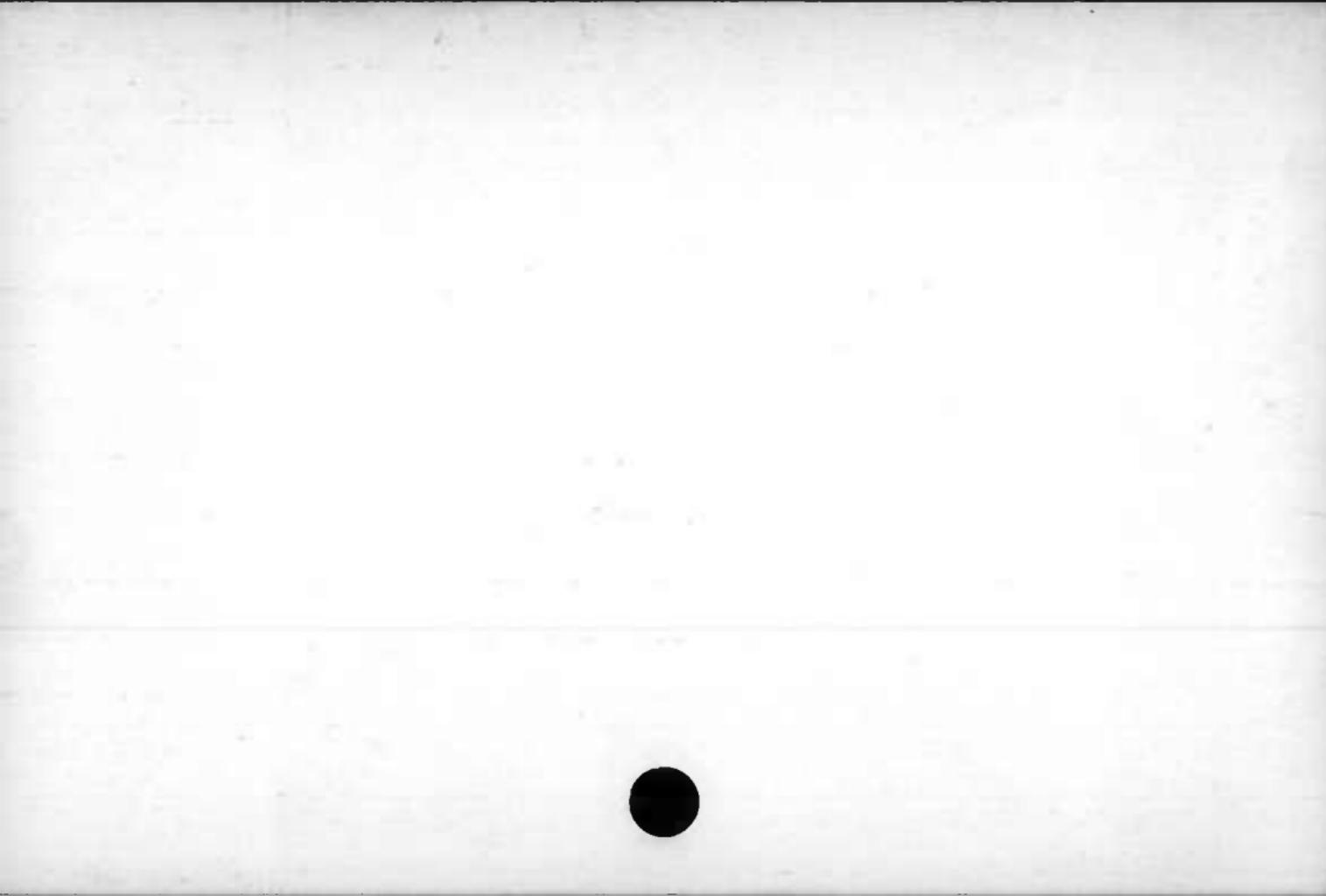
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Cambidge	Dorchester				
Date of death	1905	Month 5	Day 13	Years Age	28	Months —	Days —
Sex	Male	Color or Race	Black	Birth- place	Md.		
Occupation	Farm hand		Where Residing if not at place of death	—			
Married, Single or Widowed	Married	Name of Wife or Husband	Susan Elliott				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information	James Stewart				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	don't know
Immediate	Ehmanian		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. E. Wolff
			Address	Cambidge, Md.
Accident or Suicide?				



Flaer (M.A.)

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month May	Day 22	Years	Months	Days
Sex	Female	Color or Race	colored		Birth-place	Linkwood
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Abram Flaer					Father's Birthplace
Mother's Maiden Name	Josephine Jones					Mother's Birthplace
Name of person giving Information	Copied from death certificate					How related to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Harriet Lee
Cambridge Md



Name
in
Full

Rita J Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1905	May	4	Age 15	
Sex	Female	Color or Race	Black	Birth-place
Occupation	School Girl	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Dorcas Holland		Father's Birthplace	
Mother's Maiden Name	Estella Sampson		Mother's Birthplace	
Name of person giving information	Dorcas Holland		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

Some months

Immediate

Exhaustion

How long

Some weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

DW Holland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

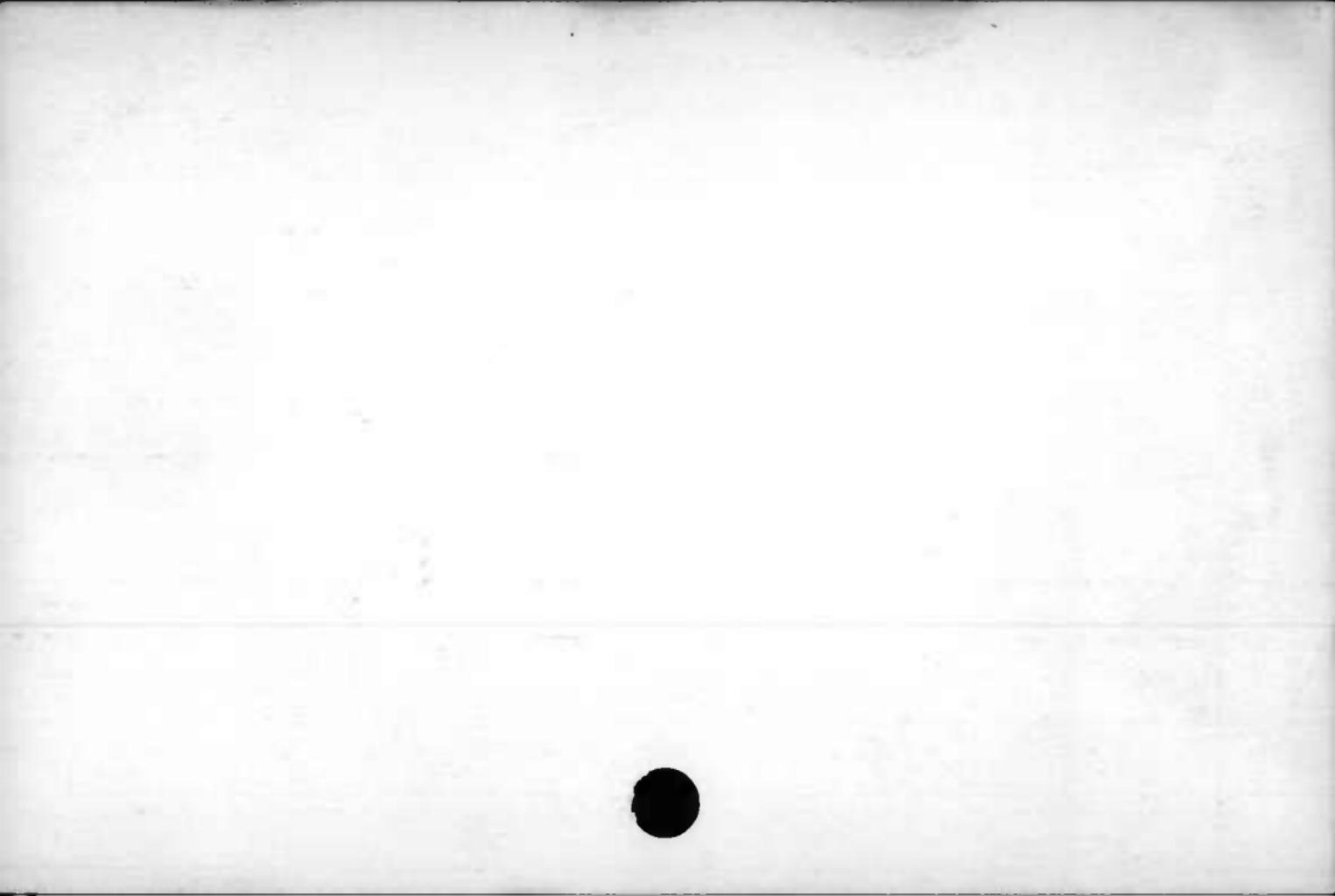
TO BE ANSWERED BY
NEAREST FRIEND

Bertie F. Horseman					
Died at Taylor's Island		County Dorchester		MARYLAND	
Date of death	1905 May	Month	Day	Years	Months
Sex	Female	Age	19	22	5
Occupation		Color or Race	Caucasian	Birth-place	Md
Married, Single or Widowed	Married	Where Residing if not at place of death			
Father's Name	Jos. W. North	Dorsey Horseman			Father's Birthplace
Mother's Maiden Name	Margaret E Brown				Mother's Birthplace
Name of person giving information	F. W. Lambden				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pistol Shot through Heart	
Immediate	Interval Haemorrhage	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Jos. H. Shriver Jr.
		Address
		Taylor's Island
Accident or Suicide?	Suicide	
	Md.	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Annie Jackson

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
25 th 1905	May	thru	47	3	19
Sex	Color or Race	Birth-place			
Woman	African	Hills Point			
Occupation	Where Residing if not at place of death				
House Work	Hills Point				
Married, Single or Widowed	Name of Wife or Husband	annie Jackson			
Levin Ambry	annie Jackson				Father's Birthplace
Mother's Maiden Name	annie Jackson				Mother's Birthplace
Olivia J. Richardson					Brooks Pt
Name of person giving Information	Rev	Daiah Paine	Ross, Neck		
How related to deceased					
Pastor of Richardson					
CAUSES OF DEATH					
Primary	Mitral regurgitation				
Immediate	Cerebral embolism				
How long			3 days		
How long					

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

S A Stokes

Cambridge

276#5-

md

Accident or Suicide?

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	William Jones			
Father's Name	Bishophead				
Mother's Maiden Name	Jacob Jones				
Name of person giving information	Son Murphy				
CAUSES OF DEATH					
Primary	Chronic laryngitis			How long	
Immediate	Bronchitis			How long	

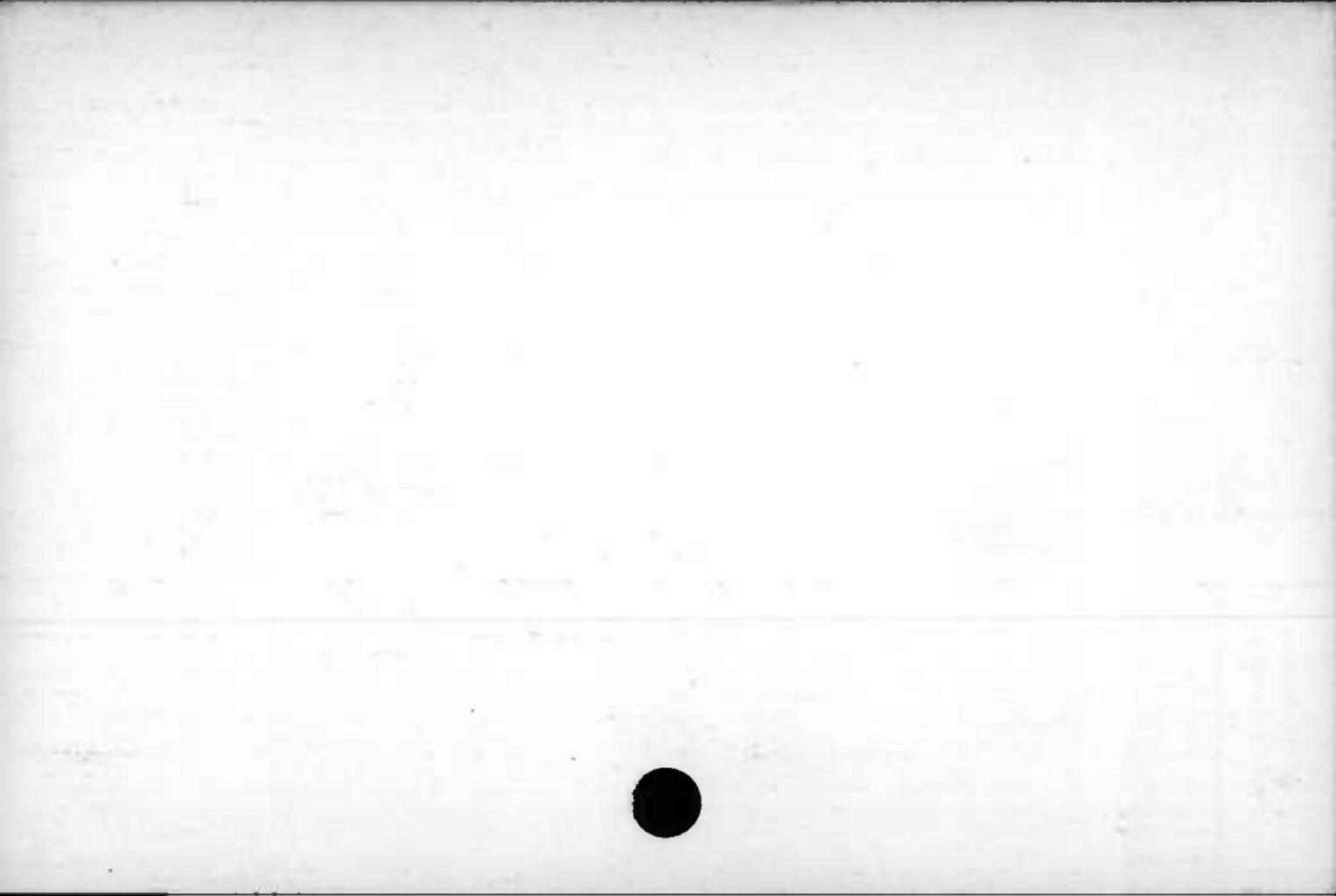
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Clinton Mowbray

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

0.0. Town
Died at Cambridge

County
Baltimore

MARYLAND

Date of death 1905 Month May

Day 7 Years —

Months — Days 4

Sex Male

Color or Race

white

Birth-place

Dr. C. M. 1

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

wife

Name of Wife or
Husband

Father's Name

Wm B. Mowbray

Father's Birthplace

Dr. C. M.

Mother's Maiden Name

Allie A. Thomas

Mother's Birthplace

Dr. C. M.

Name of person giving
Information

Allie A. Mowbray

How related
to deceased

Mother

CAUSES OF DEATH

Primary ~~Acute~~ Malaria

How long 10 hours

Immediate ~~Acute~~ Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Y/M

Signature of
Physician

Address

Henry Steele
Cambridge Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

Name
in
Full

Annie Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	1905	Month	Day	Years	Months	Days
Sex	male	Color or Race	colored	Birth-place	Micomico	
Occupation	Fanner	Where Residing if not at place of death			Rhooddale	
Married, Single or Widowed	married	Name of Wife or Husband	Ella. Neal			
Father's Name	George Neal				Father's Birthplace	Micomico
Mother's Maiden Name	Anna Cornish				Mother's Birthplace	Baltimore
Name of person giving Information	Chas H. Hastings				How related to deceased	no

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

apoplexy

How long

18 hours

Immediate

Heart & Silver

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

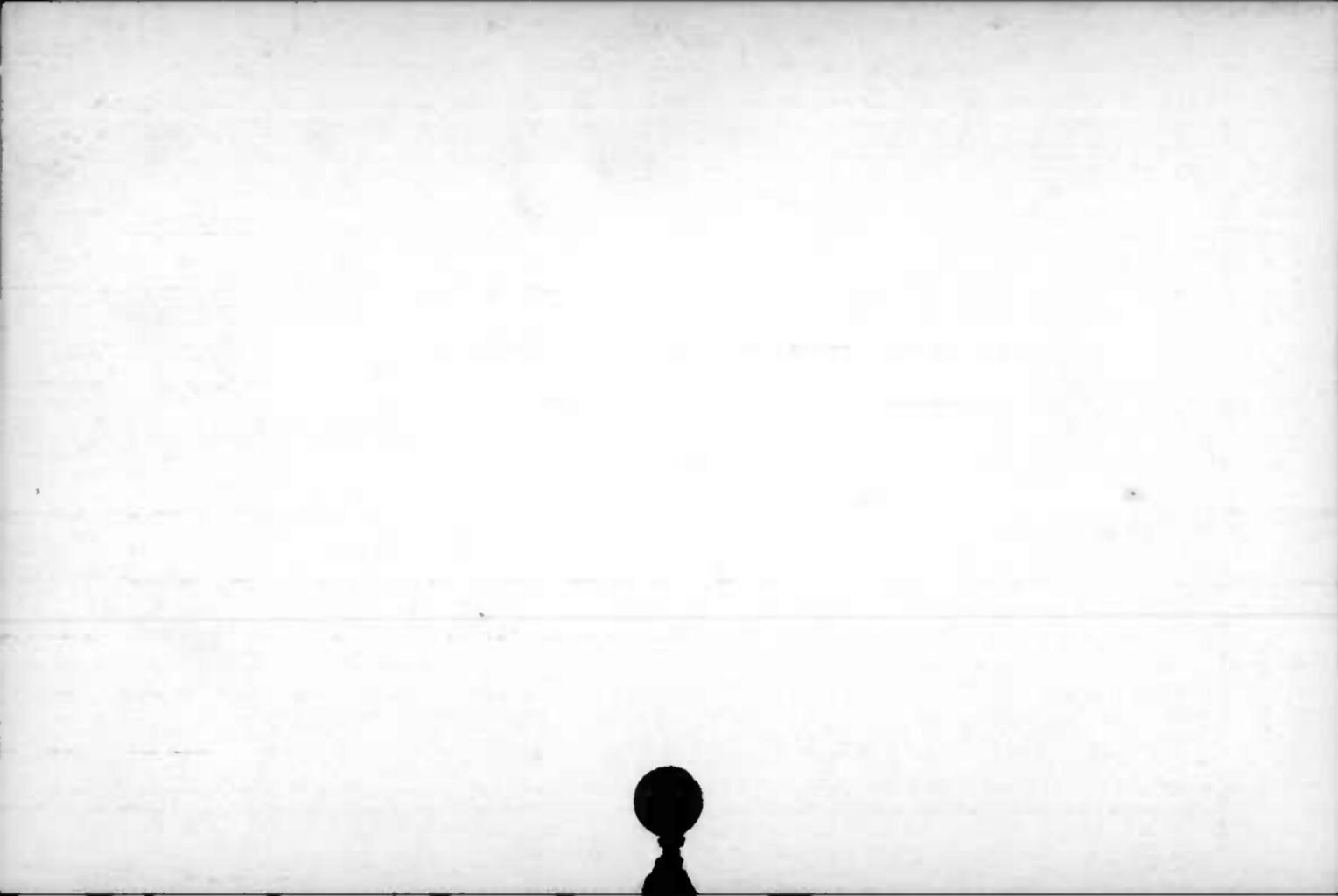
Signature of Physician

Victor S. Kitch

Address

Cost from pocket. no

Accident or Suicide?



Name
in
Full

Kathleen S North

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

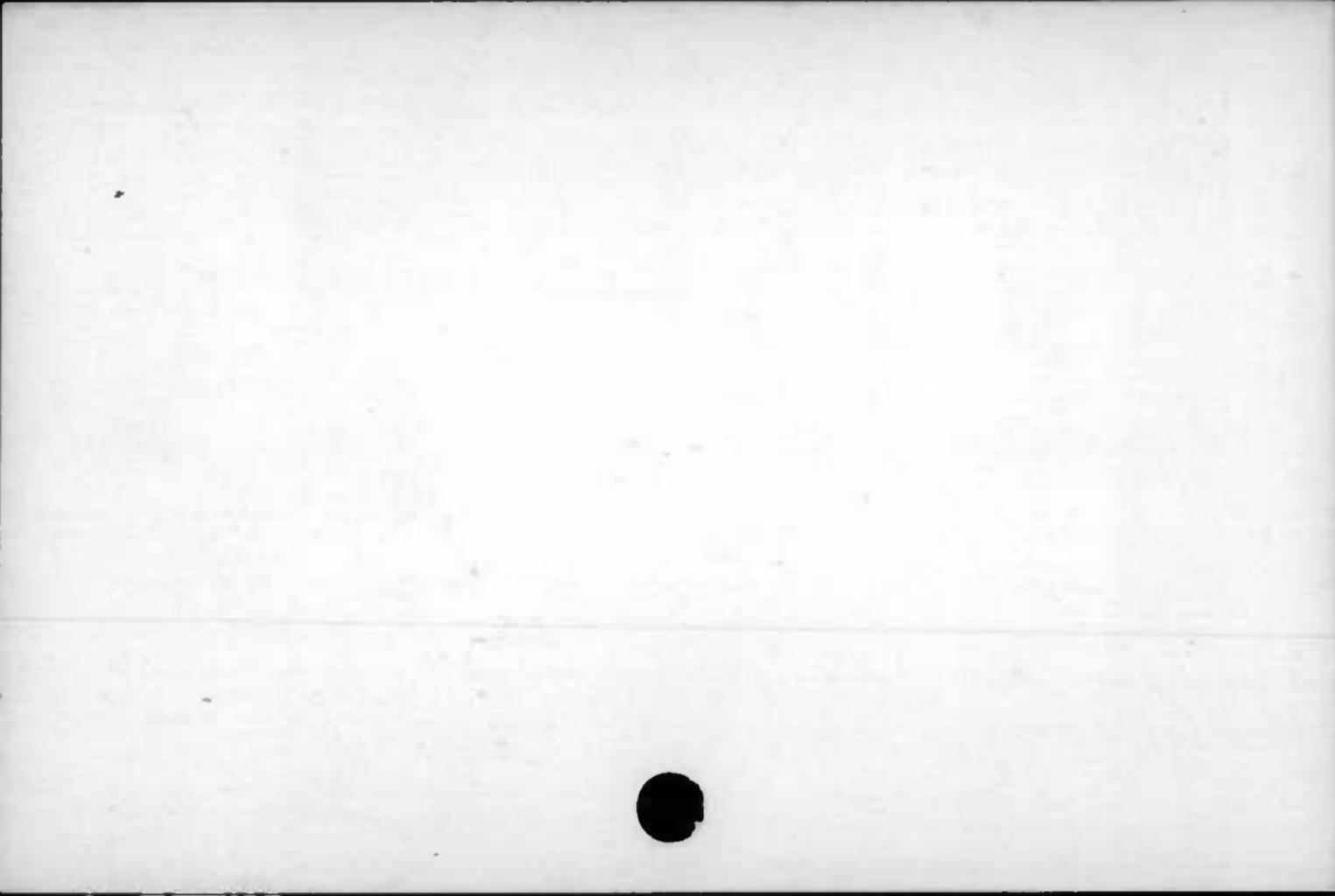
Died at	Town Cambridge	County Dorchester	MARYLAND		
Date of death	1905	Month May	Day 9	Years Age	10
Sex	female	Color of Race	White	Birth- place	Dorchester Md
Occupation	School girl	Where Residing If not at place of death			Baltimore Hospital
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Geo B North	Father's Birthplace	Dorchester Co Md		
Mother's Maiden Name	Anne North	Mother's Birthplace	" " "		
Name of person giving Information	Geo B North	How related to deceased	Father		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Appendicitis and tubercular peritonitis	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address

Accident or Suicide?



Name
in
Full

Lena Viola Roberts -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cambridge	Dorchester			
Date of death	Month	Day	Years	Months	Days
1903	May	23	6	5	22
Sex	Female	Color or Race	Blk	Birth-place	Md
Occupation	Clerk	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John Roberts	Father's Birthplace	Md		
Mother's Maiden Name	Willie Johnson	Mother's Birthplace	Md		
Name of person giving Information	John Roberts	How related to deceased	Father		

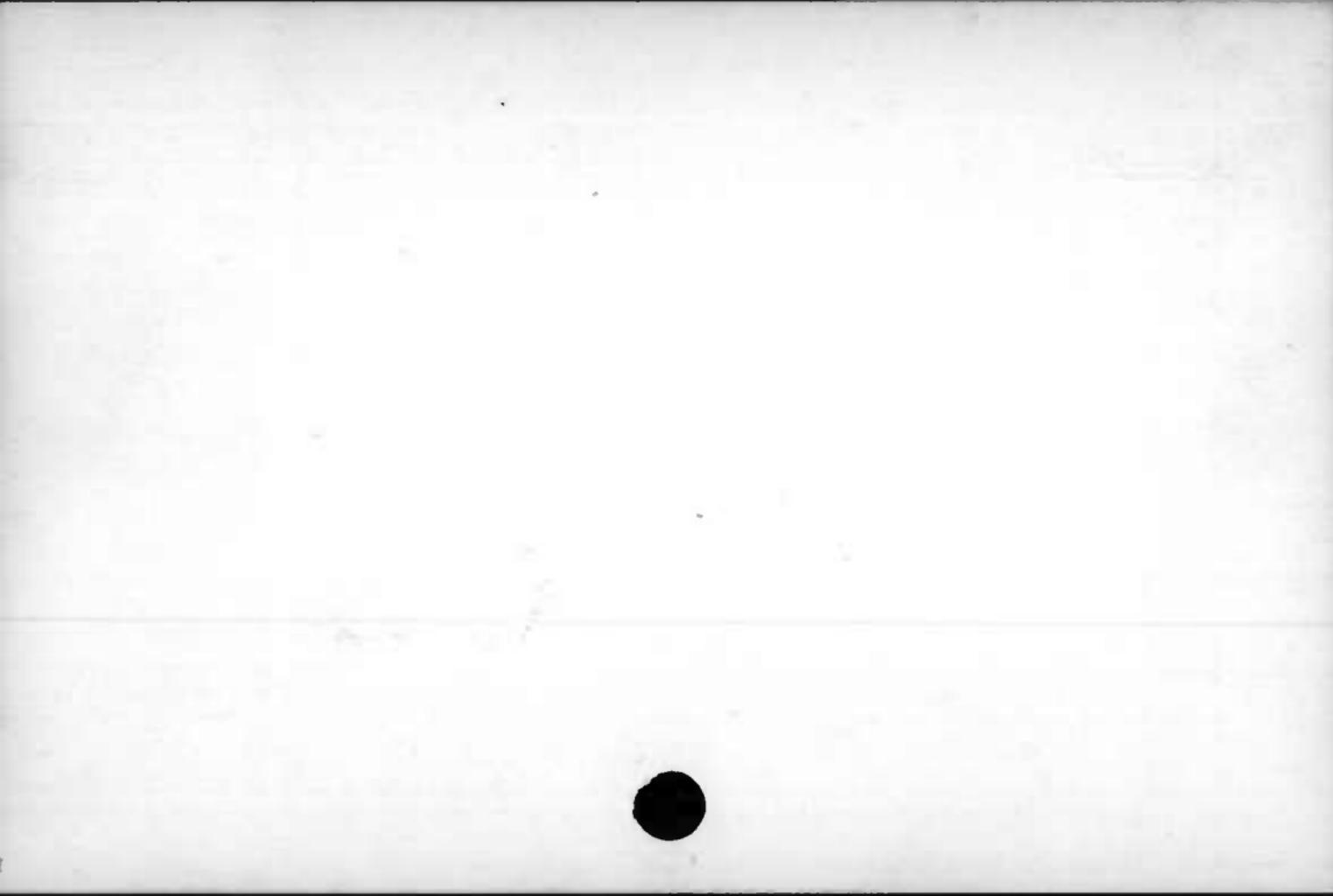
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician

Accident or Suicide?

E. E. Wolff
Cambridge, Md.



Name
in
Full

Lewis Anthony Saunders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Cambridge	County Dorchester	MARYLAND	
Date of death	Month 5	Day 28	Years 13	Months 6
Sex	Male	Color or Race BLK	Birth- place Md.	Days 24
Occupation	child	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Wm. M. Saunders			
Mother's Maiden Name	Rebecca Pinkett			
Name of person giving Information	Wm. M. Saunders			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

Don't know

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

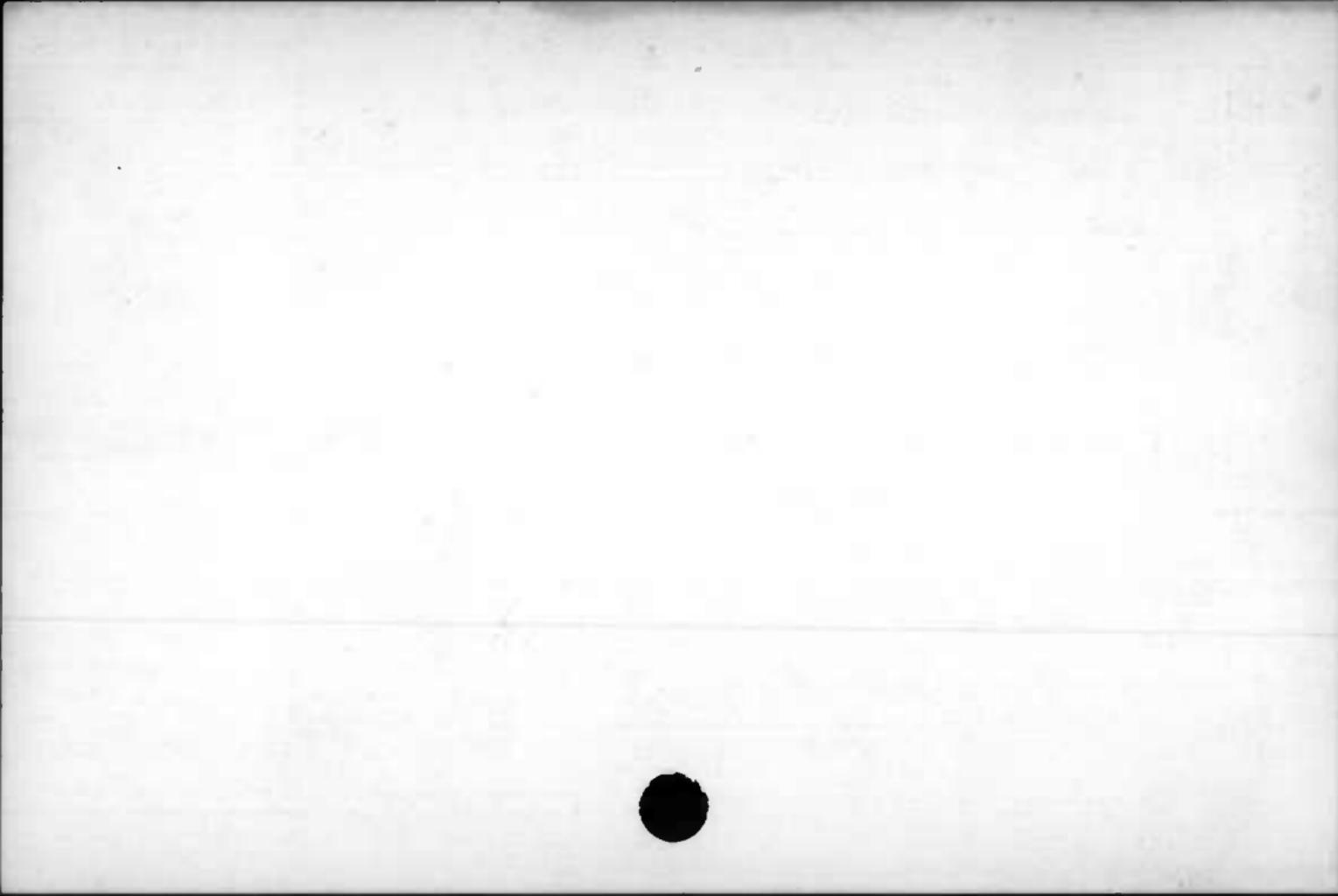
yes

Signature of
Physician

Address

Ed Wolff, M.D.
Cambridge, Md.

Accident or Suicide?



Name
in
Full

Chas. Henry Seward

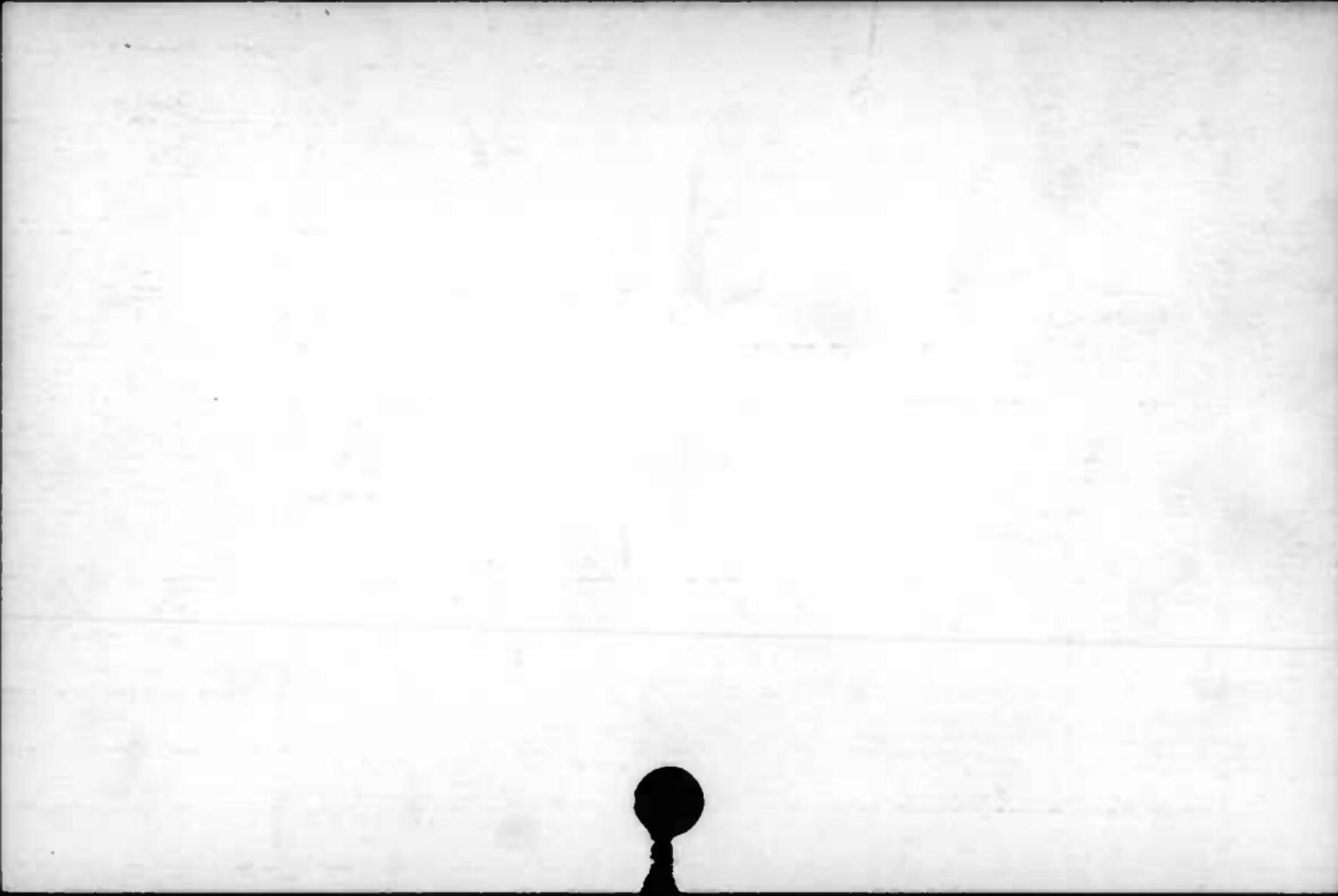
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Morris Beck.	Dorchester				
Date of death	Month	Day	Years	Months	Days
1905	May	31.	73		
Sex	Male	Color or Race	White	Birth-place	Morris Beck
Occupation	Farmer		Where Residing if not at place of death	Morris Beck	
Married, Single or Widowed	Married	Name of Wife or Husband	Mary A. Seward	Father's Birthplace	Morris Beck
Father's Name	Lewis Seward			Mother's Birthplace	Cambridge
Mother's Maiden Name	Annie Mary Wheathy			How related to deceased	
Name of person giving information					

CAUSES OF DEATH

Primary	Recreative Stomatitis	100	How long	1 mo
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	SA Stokes	
		Address	Cambridge	
Accident or Suicide?			Q 7 b #5	MD



Name
in
Full

CERTIFICATE OF DEATH

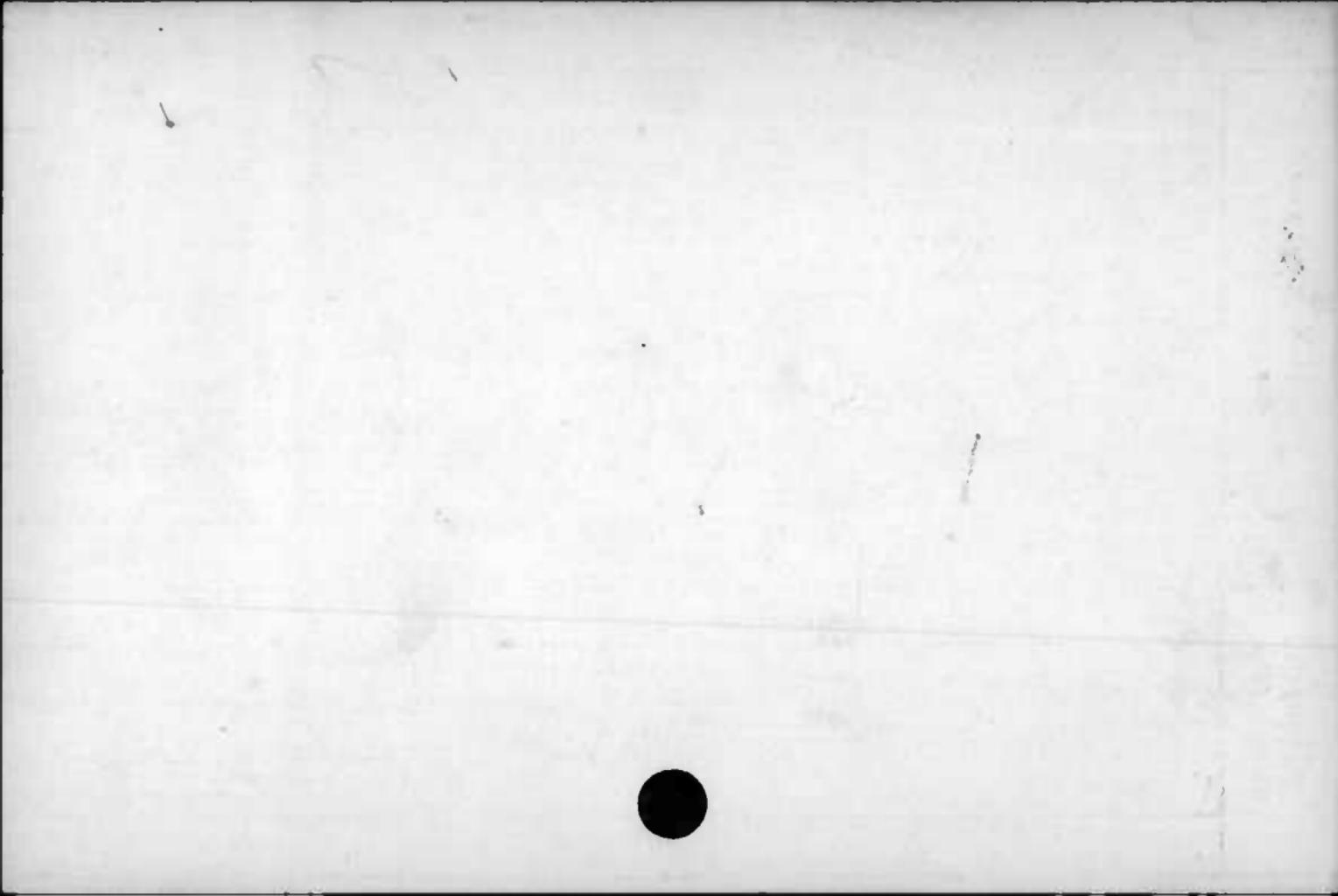
TO BE ANSWERED BY
NEAREST FRIEND

Died - Near Madison		Town		County		MARYLAND	
Date of death 1905	Month May	Day 12	Years 72	Age	Months	Days	
Sex Female	Color or Race White			Birth-place Dor. Co.			
Married, Single or Widowed	Widow	Occupation		Housewife			
Name of Wife or Husband	John Shenton						
Father's Name	Thomas Simmons			Father's Birthplace	Dor. Co.		
Mother's Maiden Name	Teresa Parker			Mother's Birthplace	Dor. Co.		
Name of person giving Information	Charles A. Shenton			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bright's disease		How long
Immediate	General Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B. L. Smith M.D.
As near as obtainable		Address	
Accident or Suicide?	No		



Name
in
Full

James
Melvin Somers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <i>Holland Isl.</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>21</i>	Years	Months <i>1</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Age		Birth-place <i>Holland Isl.</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Aleck Somers</i>				Father's Birthplace <i>Deer Isl</i>	
Mother's Maiden Name <i>Maggie Somers</i>				Mother's Birthplace <i>Holland Isl</i>	
Name of person giving information <i>Melvin Somers</i>				How related to deceased <i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chorea Infantum *105*

How long

5 days

Immediate

Exhaustion, Hydrocephalus Condition

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Emmy Gordon Tuck
Holland Island,
Md.

Accident or Suicide?

Edward Phillips Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Cambridge

County Worcester

MARYLAND

Date of death 1901 - May

Month 8

Years 40

Months 3

Days 13

Sex Male

Color or Race

white

Birth-place

On Co. Md.

Occupation

Judge of Appeals Court

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or Husband

Mary E. Catherall

Father's Name

Abraham Smith

Father's Birthplace

On Co. Md.

Mother's Maiden Name

Sallie Phillips

Mother's Birthplace

On Co. Md.

Name of person giving
Information

Mary E. Smith

How related
to deceased

wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Bright's disease with cerebral lesions

How long

3 years

Immediate

acute heart failure

How long

a few minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

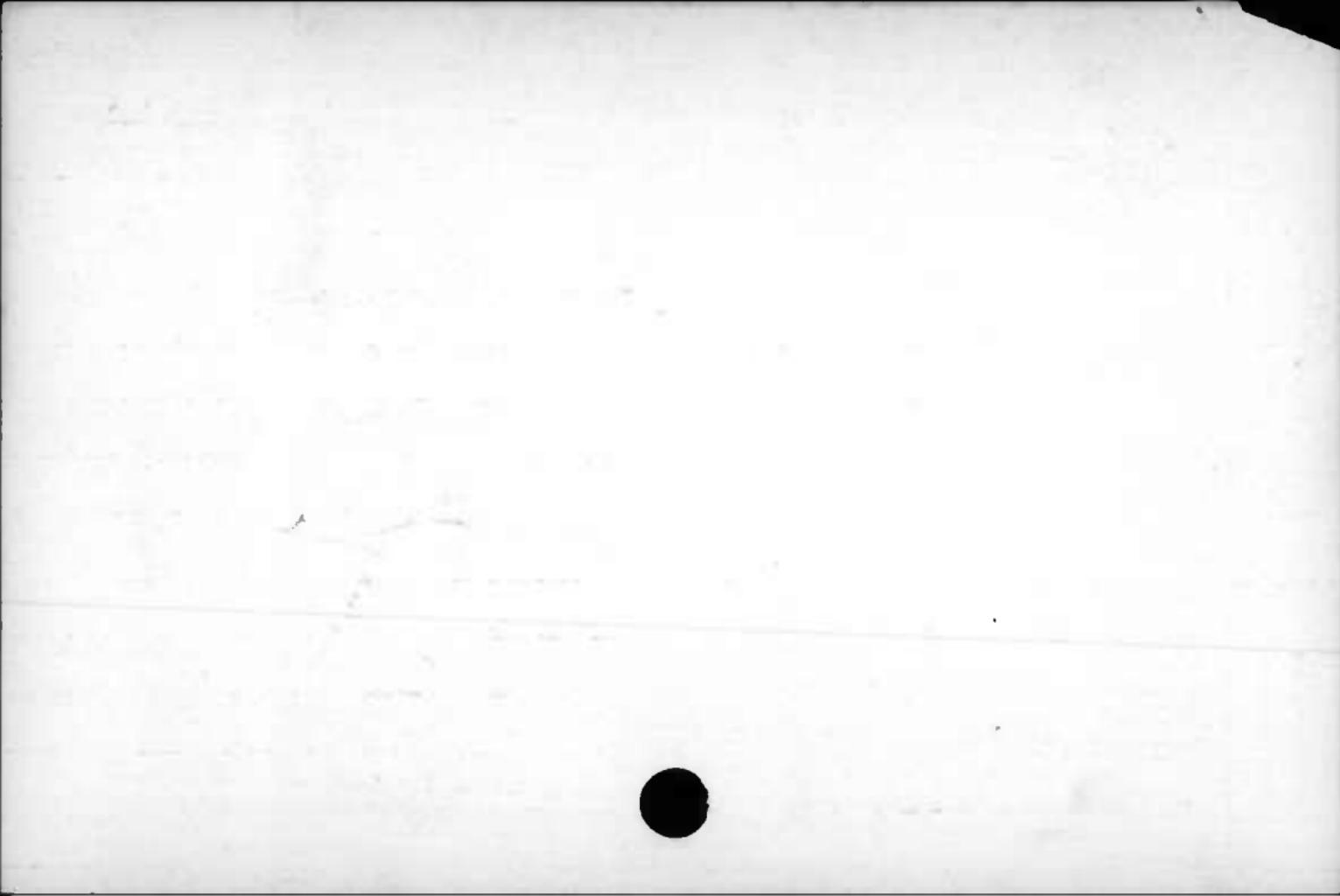
Address

Henry Steele

Cambridge Md.

9

Accident or Suicide?



Name
in
Full

Thomas Steward

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge	County Dorchester	MARYLAND		
Date of death	Month 5	Day 17	Years 25	Months —	Days —	
Sex Male	Color or Race BLK.	Birth- place Md.				
Occupation Labour	Where Residing if not at place of death —					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Thomas Steward (deceased)	Father's Birthplace Md.					
Mother's Maiden Name Sophia Driver (,,)	Mother's Birthplace Md.					
Name of person giving Information Geo. H. Lockman	How related to deceased Uncle					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Tuberculosis

How long
—

Immediate
Exhaustion

How long
—

Are the name, age, sex, color, date
and place correctly given above?

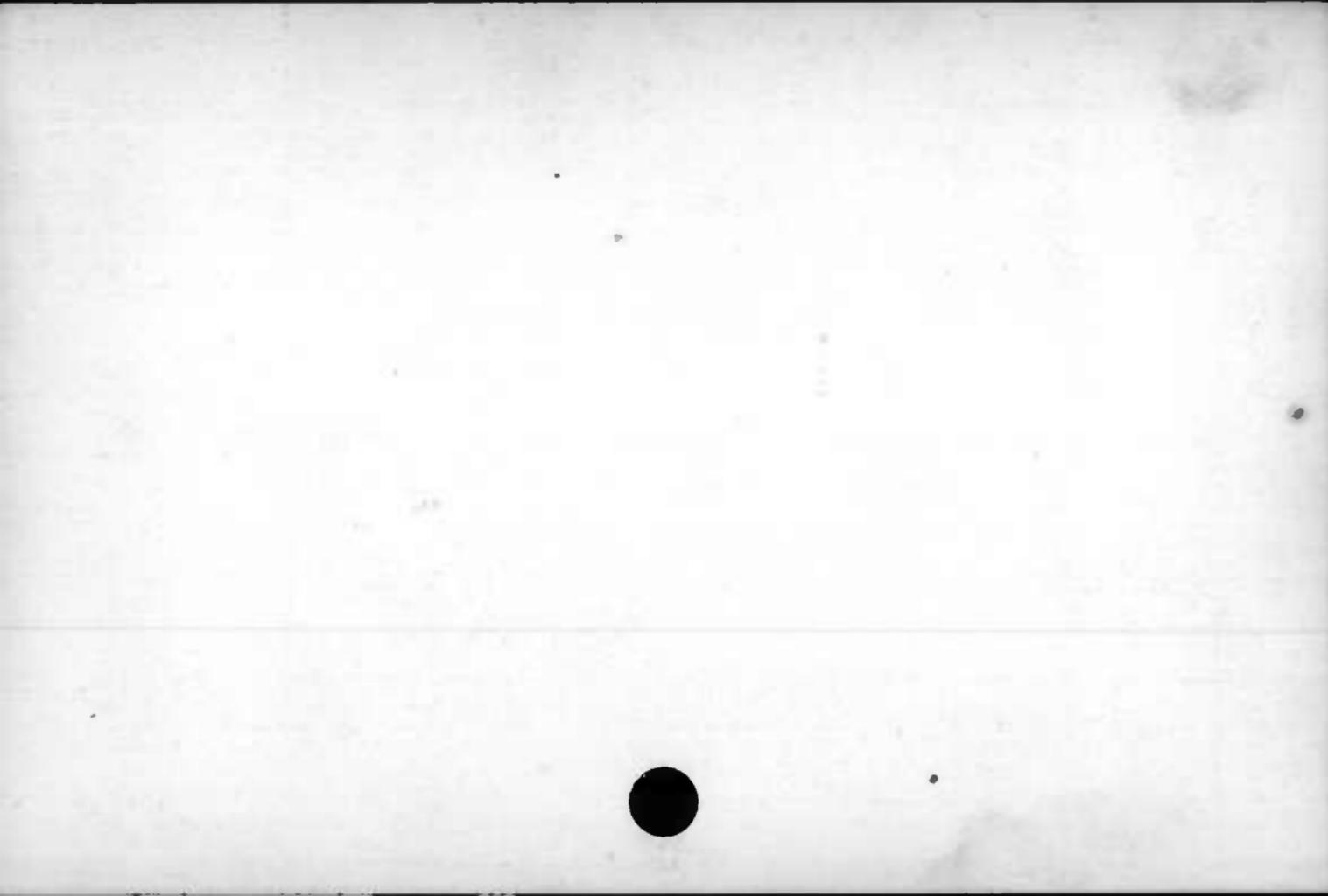
yes

Signature of
Physician

E. E. Wolff M.D.
Cambridge, Md.

Address

Accident or Suicide?



Name in Full

Certificate of Death

Uriah Webster

Town

County

5/29/00

Died at

MARYLAND

Brookhaven

Month Day

Y. M. D.

Native of

Occupation

Date 19

Age

1811

Brooklyn

Farmer

Male

White

Widow

Female

Colored

Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

Thomas Webster

Mother's

Maiden Name

Elizabeth Gold

Cause of

Primary

Death

Immediate

Rheumatism & Kidney trouble

Heart failure

How long sick

Accident, Suicide, Homicide

Reported by

Address

9

20

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

